

## Fill in this information to identify the case:

Debtor name Old Virginia Ltd.

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA, ROANOKE DIVISION

Case number (if known) 7:19-bk-71622

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. Carter Bank & Trust Commercial Checking 0601 \$14,410.02

3.2. Carter Bank & Trust Commercial Checking 8401 \$100.00

## 4. Other cash equivalents (Identify all)

## 5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$14,510.02**Part 2: Deposits and Prepayments**

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

## 10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

## 11. Accounts receivable



Debtor Old Virginia Ltd.  
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**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

Current value of  
debtor's interest

71.	<b>Notes receivable</b> Description (include name of obligor)	
72.	<b>Tax refunds and unused net operating losses (NOLs)</b> Description (for example, federal, state, local)	
73.	<b>Interests in insurance policies or annuities</b>	
74.	<b>Causes of action against third parties (whether or not a lawsuit has been filed)</b> <b>Causes of action to recover funds withdrawn from the company - amount and parties responsible for withdrawals still being investigated</b>	<b>\$50,000.00</b>
	Nature of claim	
	Amount requested	<b>\$50,000.00</b>
	<b>Claim against Carter Bank &amp; Trust for negligence, etc. for failing to monitor authorized withdrawals from corporate bank accounts</b>	<b>\$5,000.00</b>
	Nature of claim	<b>Negligence, breach of contract, breach of fiduciary duties</b>
	Amount requested	<b>\$5,000.00</b>
75.	<b>Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims</b>	
76.	<b>Trusts, equitable or future interests in property</b>	
77.	<b>Other property of any kind not already listed</b> Examples: Season tickets, country club membership	
78.	<b>Total of Part 11.</b> Add lines 71 through 77. Copy the total to line 90.	<b>\$55,000.00</b>
79.	<b>Has any of the property listed in Part 11 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No	

Debtor **Old Virginia Ltd.**  
Name

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☐ Yes

Debtor **Old Virginia Ltd.**  
NameCase number (If known) **7:19-bk-71622****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u><b>\$14,510.02</b></u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u><b>\$0.00</b></u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u><b>\$0.00</b></u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u><b>\$200,000.00</b></u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u><b>\$0.00</b></u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u><b>\$0.00</b></u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u><b>\$0.00</b></u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u><b>\$0.00</b></u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u><b>\$0.00</b></u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u><b>\$0.00</b></u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u><b>\$55,000.00</b></u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u><b>\$269,510.02</b></u>	<u><b>\$0.00</b></u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u><b>\$269,510.02</b></u>

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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

**Be as complete and accurate as possible.**

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

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## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>Abercrombie, Dianna</b>  <b>8162 River Course Dr</b> <b>Radford, VA 24141-7022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Security deposit liability</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,300.00</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Ailes, Marilyn</b>  <b>31050 Liberty Ct</b> <b>Hallwood, VA 23359-2142</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Security deposit liability</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.00</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Air Doctor</b>  <b>3328 Roanoke St</b> <b>Christiansburg, VA 24073-4910</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Trade debt</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$434.39</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Appalachian Power Company</b>  <b>PO Box 24401</b> <b>Canton, OH 44701-4401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Trade debt</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$176.52</b>

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<b>3.5</b> Nonpriority creditor's name and mailing address <b>Atmos Energy</b>  <b>PO Box 790311</b> <b>Saint Louis, MO 63101-0311</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33.37</b>
<b>3.6</b> Nonpriority creditor's name and mailing address <b>Baker, Nadia</b>  <b>3305 Darily Lou Dr</b> <b>Oak Hill, VA 20117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,400.00</b>
<b>3.7</b> Nonpriority creditor's name and mailing address <b>Barker, Penny</b>  <b>190 Belmont Dr</b> <b>Christiansburg, VA 24073-1064</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
<b>3.8</b> Nonpriority creditor's name and mailing address <b>Black Seven Inc.</b>  <b>735 Sumac Rd</b> <b>Christiansburg, VA 24073-5648</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
<b>3.9</b> Nonpriority creditor's name and mailing address <b>BLDT Development Properties LLC</b>  <b>5625 Promontory Pt</b> <b>Midlothian, VA 23112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
<b>3.10</b> Nonpriority creditor's name and mailing address <b>Bonadeo, Mary Ann</b>  <b>1712 Honeysuckle Dr</b> <b>Blacksburg, VA 24060-0392</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,700.00</b>
<b>3.11</b> Nonpriority creditor's name and mailing address <b>Borger, Gerald</b>  <b>1260 Running Buck Rd</b> <b>Christiansburg, VA 24073-7571</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>



	Debtor <b>Old Virginia Ltd.</b> <small>Name</small>	Case number (if known) <b>7:19-bk-71622</b>	
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Brian's Lock &amp; Key</b>  <b>PO Box 340</b> <b>Blacksburg, VA 24063-0340</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36.35</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Brown, Troy &amp; Dari</b>  <b>2520 Ranger Island Rd</b> <b>Denver, NC 28037-8672</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,485.00</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Butterfield, Allen</b>  <b>675 Southview Ter</b> <b>Christiansburg, VA 24073-3609</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,800.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Buttram, Brian</b>  <b>679 Roberts Chapel Rd</b> <b>Stem, NC 27581-9551</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$590.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Carson, Rodney &amp; Barbara</b>  <b>8765 Tomislav St</b> <b>Manassas, VA 20110-6905</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Chandler, Brenda</b>  <b>910 Mountain Lake Ave</b> <b>Pearisburg, VA 24134</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>City of Radford, VA</b>  <b>619 2nd St Ste 164</b> <b>Radford, VA 24141-1454</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$142.12</b>

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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Clark III, Howell</b>  <b>PO Box 87</b> <b>Christiansburg, VA 24073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Security deposit liability</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$950.00</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast Business</b>  <b>PO Box 21428</b> <b>Eagan, MN 55121-0428</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$644.79</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Criner, Janie</b>  <b>255 Majestic Dr</b> <b>Christiansburg, VA 24073-5055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Security deposit liability</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Criner, Roger</b>  <b>45 Copper Beach Ct</b> <b>Christiansburg, VA 24073-4155</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Security deposit liability</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,300.00</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Davis, Thada</b>  <b>24 High Ridge Loop Apt 636</b> <b>Pawleys Island, SC 29585-7985</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Security deposit liability</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,300.00</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Dehart, Randy</b>  <b>1226 Walton Rd</b> <b>Christiansburg, VA 24073-6910</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Security deposit liability</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,820.00</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Dobyns, Bill</b>  <b>1200 N Fork Rd</b> <b>Christiansburg, VA 24073-7522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Security deposit liability</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$725.00</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Draper Aden Associates</b>  <b>2206 S Main St</b> <b>Blacksburg, VA 24060-6733</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$519.00</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Duncan, Dave</b>  <b>901 Yorkshire Rd</b> <b>Colonial Heights, VA 23834-2622</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,550.00</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Duncan, Gary</b>  <b>2050 Roanoke St</b> <b>Christiansburg, VA 24073-2510</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Duncan, PA</b>  <b>PO Box 8</b> <b>Blacksburg, VA 24063</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$825.00</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Fanning, Betty</b>  <b>11209 W Edgemont Ave</b> <b>Avondale, AZ 85392-5872</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,050.00</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Flickinger, Seth</b>  <b>119 Lucy Long Court</b> <b>Stevens City, VA 22655</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,650.00</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Fry, Julie</b>  <b>6131 McCoy Rd</b> <b>Blacksburg, VA 24060-0955</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>
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Debtor Name	Case number (if known)	
<b>Old Virginia Ltd.</b>	<b>7:19-bk-71622</b>	
<b>3.33</b> Nonpriority creditor's name and mailing address <b>Gragg, Bill &amp; Karla</b>  <b>220 Alder Ln</b> <b>Christiansburg, VA 24073-1237</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$930.00</b>
<b>3.34</b> Nonpriority creditor's name and mailing address <b>Greear, William</b>  <b>1571 Rustic Ridge Rd</b> <b>Riner, VA 24149-2909</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,230.00</b>
<b>3.35</b> Nonpriority creditor's name and mailing address <b>Greg, Bill</b>  <b>6624 Keene Dr</b> <b>Springfield, VA 22152-2508</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,475.00</b>
<b>3.36</b> Nonpriority creditor's name and mailing address <b>Heth Family LLC</b>  <b>200 Monticello Ln</b> <b>Blacksburg, VA 24060-8192</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,800.00</b>
<b>3.37</b> Nonpriority creditor's name and mailing address <b>Holiday Motors</b>  <b>PO Box 8</b> <b>Blacksburg, VA 24060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
<b>3.38</b> Nonpriority creditor's name and mailing address <b>Holland, Mike</b>  <b>1401 Hamilton Blvd</b> <b>Hagerstown, MD 21742-3321</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,300.00</b>
<b>3.39</b> Nonpriority creditor's name and mailing address <b>Holland, Randi</b> <b>c/o Bettina C. Altizer</b> <b>Altizer Law, P.C.</b> <b>324 Washington Avenue</b> <b>Roanoke, VA 24016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Civil lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350,000.00</b>

Debtor	Old Virginia Ltd. Name	Case number (if known)	7:19-bk-71622
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Howell, Timothy</b>  <b>2454 Riner Rd</b> <b>Christiansburg, VA 24073-7108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Huff, Wallace</b>  <b>3708 S Main St Ste C</b> <b>Christiansburg, VA 24060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>IC System</b>  <b>PO Box 64378</b> <b>Saint Paul, MN 55101-0378</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$355.11</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Internal Revenue Service</b> <b>Centralized Insolvency Operation</b> <b>PO Box 21126</b> <b>Philadelphia, PA 19114-0326</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Ireland, Shawn</b>  <b>695 Stone St</b> <b>Christiansburg, VA 24073-5025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,780.00</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>JCDI, LLC</b> <b>c/o John N. Spicer, Esq.</b> <b>504 S Main St Spicer, Olin &amp; Associates,</b> <b>Blacksburg, VA 24060-4863</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Civil lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,067.00</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson, Richard</b>  <b>2705 Grayland St</b> <b>Blacksburg, VA 24060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,150.00</b>

Debtor	Name	Case number (if known)	
	<b>Old Virginia Ltd.</b>	<b>7:19-bk-71622</b>	
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Joyce, Judy</b>  <b>6843 Bianchini Cir</b> <b>Boca Raton, FL 33433-6401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,400.00</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Layman, Debra</b>  <b>6377 Bradshaw Rd</b> <b>Salem, VA 24153-2221</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Loritsch, Toby &amp; Mary</b>  <b>1902 Stone Mill Dr</b> <b>Salem, VA 24153-4631</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>McCarthy, Burgess &amp; Wolff</b> <b>The MB&amp;W Building</b> <b>26000 Cannon Rd</b> <b>Cleveland, OH 44146-1807</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$115.08</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>McCoy, Melita</b>  <b>5894 McCoy Rd</b> <b>Blacksburg, VA 24060-0948</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,150.00</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Mercier, David</b>  <b>1825 Plank Dr</b> <b>Blacksburg, VA 24060-9257</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,880.00</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Montgomery County Public Service Auth.</b>  <b>755 Roanoke St Ste 2C</b> <b>Christiansburg, VA 24073-3169</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14.18</b>

Debtor	Name	Case number (if known)	
	<b>Old Virginia Ltd.</b>	<b>7:19-bk-71622</b>	
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Mosher, M. Christine</b>  <b>1260 Running Buck Rd</b> <b>Christiansburg, VA 24073-7571</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Murray, Todd</b>  <b>5003 Tall Oaks Dr</b> <b>Blacksburg, VA 24060-8133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,610.00</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>New River Valley Rentals</b>  <b>1540 Creekside Ln</b> <b>Riner, VA 24149-2926</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Niedermayer, Chase</b>  <b>PO Box 400</b> <b>Mc Coy, VA 24111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,985.00</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>P &amp; G LLC</b>  <b>PO Box 8</b> <b>Blacksburg, VA 24063</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Pakdel, Zahra</b>  <b>6645 Holly Ln</b> <b>Hamilton, OH 45011-2792</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,990.00</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Reed, Cynthia L.</b>  <b>390 Wakeman Ct</b> <b>Christiansburg, VA 24073-1390</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>

Debtor Name	Case number (if known)	
<b>Old Virginia Ltd.</b>	<b>7:19-bk-71622</b>	
<b>3.61</b> Nonpriority creditor's name and mailing address <b>Riggins, Norma</b>  <b>1655 Keisters Branch Rd</b> <b>Blacksburg, VA 24060-0633</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
<b>3.62</b> Nonpriority creditor's name and mailing address <b>Shaffer Memorial Baptist Church</b>  <b>PO Box 581</b> <b>Christiansburg, VA 24068</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$675.00</b>
<b>3.63</b> Nonpriority creditor's name and mailing address <b>Shepherd, Frederick &amp; Francis</b>  <b>1667 Blue Grass Trl</b> <b>Newport, VA 24128-3580</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>
<b>3.64</b> Nonpriority creditor's name and mailing address <b>Skyline Bank</b>  <b>PO Box 6113</b> <b>Christiansburg, VA 24073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
<b>3.65</b> Nonpriority creditor's name and mailing address <b>Smith, John</b>  <b>5213 Quail Hollow Cir</b> <b>Roanoke, VA 24019-2635</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
<b>3.66</b> Nonpriority creditor's name and mailing address <b>Stancel, Dail</b>  <b>3257 W Hundred Rd</b> <b>Chester, VA 23831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,975.00</b>
<b>3.67</b> Nonpriority creditor's name and mailing address <b>Straub, Joe</b>  <b>301 North Dr</b> <b>Blacksburg, VA 24060-3133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,180.00</b>



Debtor	<b>Old Virginia Ltd.</b> <small>Name</small>	Case number (if known)	<b>7:19-bk-71622</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Stuart G. Halberstadt Trust</b>  <b>588 Fords Rd</b> <b>Manakin Sabot, VA 23103-2139</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Sundance Village</b> <b>c/o Raines Property Management</b> <b>1504 N Main St</b> <b>Blacksburg, VA 24060-2524</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$476.00</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Thompson, Joel</b>  <b>1830 NW Woodland Dr</b> <b>Corvallis, OR 97330-1019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Town of Blacksburg, VA</b>  <b>PO Box 90003</b> <b>Blacksburg, VA 24062-9003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$134.72</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Town of Christiansburg</b>  <b>100 E Main St</b> <b>Christiansburg, VA 24073-3029</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$510.97</b>
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Trinity Property Management</b>  <b>4688 Leigh Ln</b> <b>Roanoke, VA 24018-1127</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$725.00</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Tuggle, David</b>  <b>466 Westglow Ln</b> <b>Pulaski, VA 24301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,550.00</b>
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Debtor	Name	Case number (if known)	7:19-bk-71622
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Viars, Todd</b>  <b>1495 Bodwell Rd Apt 4</b> <b>Manchester, NH 03109-5843</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$950.00</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Virginia Department of Taxation</b> <b>OCC/Bankruptcy</b> <b>PO Box 2156</b> <b>Richmond, VA 23218-2156</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Virginia Tech Electric Service</b>  <b>601 Energy Dr</b> <b>Blacksburg, VA 24061-0102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$64.73</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Walker, Vanessa</b>  <b>3632 Verona Trl</b> <b>Roanoke, VA 24018-4919</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,150.00</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Industries</b>  <b>1803 Grayson Tpke</b> <b>Wytheville, VA 24382-3789</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$169.60</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Weikel, Jennifer L.</b>  <b>1800 Boxwood Dr</b> <b>Blacksburg, VA 24060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1.00</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Wheatley, Chernenko</b>  <b>391 163rd Avenue Ct E</b> <b>Bonney Lake, WA 98391</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Security deposit liability</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>

Debtor Old Virginia Ltd. Case number (if known) 7:19-bk-71622

Name

3.82 Nonpriority creditor's name and mailing address **White, Nancy** As of the petition filing date, the claim is: *Check all that apply.* **\$950.00**

**5503 McCoy Rd**  
**Blacksburg, VA 24060-0943**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Security deposit liability

Is the claim subject to offset? ☒ No ☐ Yes

3.83 Nonpriority creditor's name and mailing address **Zacharias, John & Ruth** As of the petition filing date, the claim is: *Check all that apply.* **\$950.00**

**209 Redmead Ln**  
**Richmond, VA 23236-4626**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Security deposit liability

Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>City of Radford, VA</b> <b>Office of Billing &amp; Service</b> <b>619 2nd St Ste 156</b> <b>Radford, VA 24141-1454</b>	Line <u>3.18</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>LJ Ross</b> <b>PO Box 6099</b> <b>Jackson, MI 49204-6099</b>	Line <u>3.4</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Verizon</b> <b>PO Box 4830</b> <b>Trenton, NJ 08650-4830</b>	Line <u>3.50</u>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b.	+ \$ <u>488,986.93</u>
5c.	\$ <u>488,986.93</u>

Fill in this information to identify the case:

Debtor name Old Virginia Ltd.

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA, ROANOKE DIVISION

Case number (if known) 7:19-bk-71622

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

## Fill in this information to identify the case:

Debtor name Old Virginia Ltd.

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA, ROANOKE DIVISION

Case number (if known) 7:19-bk-71622

☐ Check if this is an amended filing

## Official Form 206H

### Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

#### 1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Everett F. Warner, Jr.	6461 Centennial Rd Blacksburg, VA 24060-1131	Holland, Randi	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.39</u> <input type="checkbox"/> G _____
2.2	Pine Street, LLC	520 E Main St Dublin, VA 24084-3005	Holland, Randi	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.39</u> <input type="checkbox"/> G _____
2.3	Ralph Leroy Porter, Jr.	425 Pine St Apt 4 Dublin, VA 24084-2827	Holland, Randi	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.39</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:	
Debtor name	<u>Old Virginia Ltd.</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF VIRGINIA, ROANOKE DIVISION</u>
Case number (if known)	<u>7:19-bk-71622</u>

☐ Check if this is an amended filing

## Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

1. *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 269,510.02

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 269,510.02

### Part 2: Summary of Liabilities

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A Amount of claim, from line 3 of *Schedule D*..... \$ 0.00

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 488,986.93

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 488,986.93

**Fill in this information to identify the case:**

Debtor name Old Virginia Ltd.

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA, ROANOKE DIVISION

Case number (if known) 7:19-bk-71622

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property*(Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property*(Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases*(Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 6, 2020

X /s/ Dari Cupp

Signature of individual signing on behalf of debtor

Dari Cupp

Printed name

Designated Officer

Position or relationship to debtor

## Fill in this information to identify the case:

Debtor name Old Virginia Ltd.

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA, ROANOKE DIVISION

Case number (if known) 7:19-bk-71622

☐ Check if this is an amended filing

## Official Form 207

## Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

## 1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**For prior year:**  
From **1/01/2019** to **12/31/2019**

**Sources of revenue**  
Check all that apply

☒ Operating a business

☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

**\$184,921.24**

**For year before that:**  
From **1/01/2018** to **12/31/2018**

☒ Operating a business

☐ Other \_\_\_\_\_

**\$2,037,966.00**

**For the fiscal year:**  
From **1/01/2017** to **12/31/2017**

☒ Operating a business

☐ Other \_\_\_\_\_

**\$2,272,684.00**

## 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

## 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

## 4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be



Debtor **Old Virginia Ltd.**Case number (if known) **7:19-bk-71622**

adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Randi Holland v. Everett F. Warner, Jr., et al. 1900004491	Civil Complaint for damages from slip and fall	Pulaski County Circuit Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	JCDI, LLC v. Old Virginia Ltd CL19002049-00	Civil Complaint for return of deposits	Montgomery County Circuit Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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### Part 5: Certain Losses

#### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

Debtor **Old Virginia Ltd.**Case number (if known) **7:19-bk-71622**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Office of Richard D. Scott 302 Washington Ave SW Roanoke, VA 24016-4312		December 11, 2019	\$7,500.00
Email or website address			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 Terry W. Stike	Sale of stock in New River Valley Bowling Centre, LLC	8/23/2019	\$50,000.00
Relationship to debtor			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **Old Virginia Ltd.**Case number (if known) **7:19-bk-71622**☐ Does not apply

Address

Dates of occupancy  
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Debtor **Old Virginia Ltd.**Case number (if known) **7:19-bk-71622****Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

EIN:

From-To

25.1. **Rock Road, LLC**

**Real estate investment**

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

Debtor **Old Virginia Ltd.**Case number (if known) **7:19-bk-71622**☐ None

Name and address	Date of service From-To
26a.1. <b>Shelton Tax Service</b> <b>7379 Lee Hwy</b> <b>Radford, VA 24141-8501</b>	
26a.2. <b>John D. Clary, Jenna Carroll</b> <b>6832 Sahalee Cir</b> <b>Radford, VA 24141-7010</b>	
26a.3. <b>Shane Lavender</b> <b>2001 S Main St Ste 6</b> <b>Blacksburg, VA 24060-6667</b>	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. <b>John D. Clary, Jenna Carroll</b> <b>6832 Sahalee Cir</b> <b>Radford, VA 24141-7010</b>	
26b.2. <b>Shane Lavender</b> <b>2001 S Main St Ste 6</b> <b>Blacksburg, VA 24060-6667</b>	

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address
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**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Dari Cupp</b>		<b>Designated Agent</b>	<b>50%</b>

Debtor Old Virginia Ltd.Case number (if known) 7:19-bk-71622

Name	Address	Position and nature of any interest	% of interest, if any
Kristen Cupp		Shareholder	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Roger Cupp		Principal and Shareholder	

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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#### Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and

Debtor Old Virginia Ltd.

Case number (if known) 7:19-bk-71622

correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 6, 2020

/s/ Dari Cupp  
Signature of individual signing on behalf of the debtor

Dari Cupp  
Printed name

Position or relationship to debtor Designated Officer

**Are additional pages to** *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* **attached?**

☒ No

☐ Yes

**United States Bankruptcy Court  
Western District of Virginia, Roanoke Division**

In re **Old Virginia Ltd.**

Debtor(s)

Case No. **7:19-bk-71622**

Chapter **7**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Estate of Roger Cupp</b>	<b>Common Stockholder</b>	<b>50</b>	
<b>Kristen Cupp</b>	<b>Common Stockholder</b>	<b>50</b>	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Designated Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **January 6, 2020**

Signature **/s/ Dari Cupp**  
**Dari Cupp**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*